## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10632381

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                   |                               |              |                  |          | SMALL ENTITY TYPE |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|-------------------|-------------------------------|--------------|------------------|----------|-------------------|------------------------|---------|-------------------------------|------------------------|
| TOTAL CLAIMS  |  |   | []                |                               |              |                  | ı        | RATE              | FEE                    | 1       | RATE                          | FEE                    |
| FOR   |  |   | NUMBER FILED      |                               | NUMBER EXTRA |                  |          | BASIC FEE         | 375.00                 | OR      | BASIC FEE                     | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | // minus 20=      |                               | * Ø          |                  |          | X\$ 9=            |                        | OR      | X\$18=                        |                        |
| INDEPENDENT CLAIMS  |  |   | 2 minus 3 =       |                               | * 4          |                  |          | X42=              |                        | OR      | X84=                          |                        |
| ΜU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT            |                               |              |                  |          | +140=             |                        |         | +280=                         |                        |
| * If the difference in column 1 is less than zero;  |  |   |                   |                               | "0" in o     | column 2         |          |                   | 224                    | OR      |                               |                        |
|   |  |   | MENDED - PART II  |                               |              |                  | TOTAL    | 375.00            | OR                     | TOTAL   | THAN                          |                        |
|   |  | (Column 1)                                | MICINDEL          | Colur)                        |              | (Column 3)       |          | SMALL             | ENTITY                 | OR      | OTHER<br>SMALL                |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                            |              | =                |          | X\$ 9=            |                        | OR      | X\$18=                        |                        |
|   | Independent                                    | *   | Minus             |                               |              | =                |          | X42=              |                        | OR      | X84=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                               |              |                  | <b>.</b> | +140=             |                        |         | +280=                         |                        |
|   |  |   |                   |                               |              |                  | l        | +140=<br>TOTAL    |                        | OR      | TOTAL                         |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                   |                               |              |                  |          | ADDIT. FEE        |                        | OR      | ADDIT. FEE                    | L                      |
|   |  | (Column 1)<br>CLAIMS                      |                   | HIGH                          | EST          | (Column 3)       | 7        |                   | ADDI-                  | , :     |                               | ADDI-                  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUM<br>PREVIO<br>PAID         | DUSLY        | PRESENT<br>EXTRA |          | RATE              | TIONAL<br>FEE          |         | RATE                          | TIONAL<br>FEE          |
|   | Total  | *   | Minus             | **                            |              | =                |          | X\$ 9=            |                        | OR      | X\$18=                        |                        |
|   | Independent                                    | *   | Minus             | ***                           |              | ]=               | 11       | X42=              |                        | OR      | X84=                          |                        |
| L_  | LINOI PHESE                                    | NTATION OF MI                             | JETIPLE DE        | LENDENI                       | CLAIM        |                  | <b> </b> | +140=             |                        | OR      | +280=                         |                        |
| T<br>ADDIT  |  |   |                   |                               |              |                  |          |                   |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                   |                               |              |                  |          |                   |                        | -       |                               |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE | :       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                            |              | =                | ] [      | X\$ 9=            |                        | OR      | X\$18=                        |                        |
|   | Independent                                    | *   | Minus             | ***                           |              | =                | ]        | X42=              |                        |         | X84=                          |                        |
| Ľ   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEPENDENT |                               | Γ CLAIM      |                  | ┛┞       |                   |                        | OR      |                               | <b> </b>               |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                   |                               |              |                  |          |                   |                        | OR      | +280=                         |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE |  |   |                   |                               |              |                  |          |                   |                        |         |                               |                        |
|   | The "Highest Num                               |   |                   |                               |              |                  | er fou   | ind in the app    | ropriate box           | k in co | lumn 1.                       |                        |